No,	DATE OF BIRTH Month Day Year			NAME, IF ANY		SEX (and Condition, as Twins, Illeg	iti- COLOR
377	Oct 17 1884 Albert Ja			Albert James	nes Erwin Male		White
PLACE OF BIRTH OF CHILD (Town or City)					FULL CHRISTIAN NAME OF EACH PARENT		
ity of St. Peter					Vinton Allen Erwin		
					Louisa La	tilde Erwin	
BIRTHPLACE OF EACH PARENT Give the State or Nation					OCCUPATION OF FATHER		When Registered
nited States-Father				her	Attendant		Dec. 31 18
nited States-Mother				her	hate.		
ount:	y of N	ICOL	LET	aforesaid, do hereb	by certify that t	Clerk of the District he foregoing is a full and co	t Court in and f implete transcri

November

WITNESS my hand and the seal of said Court hereto affixed at ST PETER, Minn., this ______ 8th _____ day of

Ву.....

A. D. 1941 Appropries. Clerk.

E